

Invoice

JUVENILE REPEAT OFFENDER PREVENTION PROGRAM

ROPP Form 01

**1. CONTRACT
NUMBER**

**2. INVOICE
NUMBER**

3. COUNTY: _____
ADDRESS: _____

(City, State, Zip)

4. REPORT PERIOD: From: ____/____/____ To: ____/____/____

5. CASH ADVANCE RECONCILIATION:

(5A) Total Advanced Funds	(5B) Advance Funds Expended to Date	(5C) Advance Fund Balance

6. ROPP OPERATING BUDGET:

(6A) Funding Category	(6B) Funding Level	(6C) Prior Expenditures	(6D) Expenditures For This Period	(6E) Reimbursement For This Period	(6F) Balance of Grant Funds
Salary and Benefits					
Travel/Per Diem					
Professional Consultant Services					
*Other (Describe)					
Sub Total					
Administrative Overhead					
Total					

7. On a separate sheet of paper please provide information for expenditures in the *Other (6A) line item Category.
8. Did any minor budget changes occur during this reporting period? (up to 10% of individual line items)
_____Yes _____No
If yes, please provide the details on a separate sheet of paper and attach it to this invoice.
9. Did any major budget changes occur during this reporting period? (over 10% of individual line items)
_____Yes _____No

If yes, attach a copy of the modification approved by the Board of Corrections.

Signatures:

I certify that this report is accurate and in accordance with Board of Corrections regulations, policies, and procedures. I further certify these are actual expenditures and all funds received from the Board are in reimbursement of funds expended for the purpose of liquidating obligations legally incurred or will be expended for the payment of the State's share of the eligible expenses, as required under the grant contract.

10. Chief Probation Officer:

Name: _____ Telephone Number: _____
Title: _____ FAX Number _____

Date: _____ Signature: _____

11. Financial Officer:

Name: _____ Telephone Number: _____
Title: _____ FAX Number _____

Date: _____ Signature: _____

12. Invoice Prepared By:

Name: _____ Telephone Number: _____
Title: _____ FAX Number _____

Date: _____ Signature: _____

13. BOC Approval:

Name: _____
Title: Field Representative
Date Approved for Payment: _____

PLEASE SUBMIT (4) COPIES WITH ORIGINAL SIGNATURE ON EACH COPY.

INSTRUCTIONS FOR COMPLETING PROGRAM INVOICE

To ensure timely payment of funds, this invoice must be complete and accurate. All amounts should be expressed in whole dollars. Complete this form as follows:

Item 1: Insert the contract number located on the contract face sheet.

Item 2: Insert the chronological number of this invoice.

Item 3: Insert the county name, address where grant funds are to be directed and the telephone number of the person completing the invoice.

Item 4: Insert the grant time period covered by this invoice.

Item 5: 5A through 5C - *Cash Advance Reconciliation*

- A. Total Advance Funds: Insert the amount of your cash advance.
- B. Advance Funds Expended To Date: Insert the total amount of advance funds expended to date. Do not include any advance being claimed in this invoice.
- C. Advance Fund Balance: This represents the balance of available advance funds (5A minus 5B equals 5C).

Additional funds will not be disbursed until all cash advance funds have been expended.

Items 6: 6A through 6F - *ROPP Operating Budget*

- A. Funding Categories: This represents the line items identified for use by BOC.
- B. Funding Level: This represents the line item amounts contained in the approved contract. These amounts may change from the contract if modifications (ROPP Form 04) are requested from the project and approved by the BOC.
- C. Prior Expenditures: This represents the total expenditures from prior invoices.
- D. Expenditures For This Period: This represents the amount of funds expended during this reporting period. **Reimbursement of program costs will commence after all start-up (advanced funds) have been expended.**
- E. Reimbursement For This Period: This is the amount of reimbursement funds requested in this invoice (Total of 6D minus 5C equals 6E). **NOTE: After all cash advance funds have been expended the totals for 6D and 6E will be the same.**
- F. Balance of Grant Funds: Remaining grant funds available for expenditure (Total of 6B minus 6C minus 6D equals 6F).

Mail completed Invoice to the following:

Mike Barber, Field Representative
Board of Corrections
Corrections Planning and Programs Division
600 Bercut Drive
Sacramento, California 95814